

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**107089068**

FILING DATE

APPLICANT(S)

**CLAIMS**

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|----------|------|------------------------|------|------------------------|------|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1            |          |      |                        |      |                        |      |
| 2            |          |      |                        |      |                        |      |
| 3            |          |      |                        |      |                        |      |
| 4            |          |      |                        |      |                        |      |
| 5            |          |      |                        |      |                        |      |
| 6            |          |      |                        |      |                        |      |
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| 8            |          |      |                        |      |                        |      |
| 9            |          |      |                        |      |                        |      |
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| 46           |          |      |                        |      |                        |      |
| 47           |          |      |                        |      |                        |      |
| 48           |          |      |                        |      |                        |      |
| 49           |          |      |                        |      |                        |      |
| 50           |          |      |                        |      |                        |      |
| TOTAL IND.   |          |      |                        |      |                        |      |
| TOTAL DEP.   |          |      |                        |      |                        |      |
| TOTAL CLAIMS |          |      |                        |      |                        |      |

|              | *    |      | *    |      | *    |      |
|--------------|------|------|------|------|------|------|
|              | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51           |      |      |      |      |      |      |
| 52           |      |      |      |      |      |      |
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| 86           |      |      |      |      |      |      |
| 87           |      |      |      |      |      |      |
| 88           |      |      |      |      |      |      |
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| 93           |      |      |      |      |      |      |
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| 96           |      |      |      |      |      |      |
| 97           |      |      |      |      |      |      |
| 98           |      |      |      |      |      |      |
| 99           |      |      |      |      |      |      |
| 100          |      |      |      |      |      |      |
| TOTAL IND.   |      |      |      |      |      |      |
| TOTAL DEP.   |      |      |      |      |      |      |
| TOTAL CLAIMS |      |      |      |      |      |      |

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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS